

Foster Family Home - Corrective Action Report

Provider ID: 1-130025

Home Name: Patrick Bartolome, CNA

Review ID: 1-130025-9

94-733 Kuhaulua Place

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 4/27/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification.
Home will receive a 3 bed certification.

David A Ayling
Compliance Manager

Patrick Bartolome
Primary Care Giver

4/27/2020
Date

4/27/2020
Date